

245164

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

COPY

TRANSPORTATION COVER SHEET

Request to Cancel a Class C Non-Emergency  
Certificate

Posted: 7/11/13

DOCKET

Low Country Medical Transport, Inc. Dept: SA/OPS

NUMBER: 2007 - 86 - T

Date: 7/11/13

Time: 10:40

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: \* Lynn L Williams

Telephone: \* 803-943-0159

Address: \* PO Box 912  
61 Hickory Hill Rd  
Varnville SC 29944

Fax: \* 803-943-0612

Other: \*

Email: \* lowmedtrans@hotmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☒ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: \_\_\_\_\_

RECEIVED

JUL 11 2013

PSC SC  
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

## Request for Cancellation of Certificate

## File the original with:

Public Service Commission of South Carolina  
 Clerk's Office  
 Motor Carrier Matters  
 P.O. Box 11649  
 Columbia, S.C. 29211  
 (803) 896 - 5100  
 FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
 Transportation Department  
 1401 Main Street, Suite 900  
 Columbia, S.C. 29201  
 (803) 737-0578  
 FAX (803) 737-0815

(\*) DATE: \_\_\_\_\_

Please consider this a request to cancel my:

- ☐ Class C Taxi Certificate ☐ Class A Restricted Certificate
- ☐ Class C Charter Certificate
- ☐ Class C Charter Bus Certificate
- ☒ Non-Emergency Certificate
- ☐ Class E Household Goods Certificate
- ☐ Class E Hazardous Wastes Certificate

**RECEIVED**

JUL 11 2013

PSC SC  
 MAIL / DMS

My Certificate Number is

7798

Low Country Medical Transport, Inc.

(Name of Company)

DBA NA

(If applicable)

(\*) 61 Hickory Hill Rd  
 (Street Address)

(\*) PO Box 912  
 (Mailing Address if different from Street Address)

(\*) Varnville SC 29944  
 (City, State, Zip Code)

(\*) Varnville SC 29944  
 (City, State, Zip Code)

(\*) 803-943-0159  
 (Telephone Number)

(\*) Lynn D Williams  
 (Signature)

(\*) Business Office Director  
 (Title) Owner, President, etc.